



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$54396423
Outpatient Patient Service Revenue	\$140564851
Total Gross Patient Service Revenue	\$194961274

2. Deductions From Revenue

Contractual Allowance	\$116762535
Other Deductions	\$3500705
Total Deductions	\$120263240

3. Total Operating Revenue

Net Patient Service Revenue	\$71383315
Other Operating Revenue	\$2333880
Total Operating Revenue	\$73717195

4. Operating Expenses

Salaries and Wages	\$12654231	Employee Benefits	\$3137983
Depreciation and Amortization	\$3481085	Interest Expense	\$0
Bad Debt	\$3314719	Other Expenses	\$44680023
Total Operating Expenses	\$67268041		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9763873	Total Assets	\$76538262
Net Non-operating Gains over Loss	\$-1000	Total Liabilities	\$33966983

Total Net Gains	\$9762873
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$57657172	\$47319409	\$10337763
Medicaid	\$23790135	\$19662404	\$4127731
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$113513967	\$53281427	\$60232540
Total	\$194961274	\$120263240	\$74698034

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$132661	\$-132661
Community Education	\$0	\$53331	\$-53331

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1400
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$5760451
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1807901	
HCI Payments	\$0		
Subtotal	\$0	\$1807901	\$-1807901
Medicaid Shortfalls	\$4108212	\$10042147	
Subtotal	\$4108212	\$11850048	\$-7741836
DSH Payments	\$0		
Subtotal	\$4108212	\$11850048	\$-7741836
Medicare Shortfalls	\$10332664	\$18095542	
Other Government Programs	\$0	\$0	
Total	\$14440876	\$29945590	\$-15504714

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$69469	\$-69469
Community Assessment	\$0	\$10042	\$-10042
Provision of Taxes	\$0	\$2575680	\$-2575680
Other Allocations	\$0	\$0	\$0

Comments

//